

Ohio PERS NEWS

Your Benefit Connection

News and information for retired members of the Ohio Public Employees Retirement System

Our commitment to pension redesign legislation will continue in 2012

It has been two years since the Ohio Public Employees Retirement System Board of Trustees approved a plan that would ensure our continued financial stability by updating our plan design. However, the final picture of pension redesign is still not as clear as we would like.

Earlier this year the Ohio Retirement Study Council (ORSC) said it would take no

action on pension redesign legislation pending an actuarial study of the public pension systems' redesign proposals by a third-party consultant. The council's role is to assist in the creation of pension policies.

ORSC Chairman, Senator Keith Faber appointed Representatives Kirk Schuring and Dan Ramos, as well as Mr. Seth Morgan to a

subcommittee tasked with "preliminarily evaluating and scoring" proposals to carry out the actuarial study submitted by six bidders. Rep. Schuring was appointed chairman of the subcommittee, which submitted its findings to the full ORSC in mid-October, and the ORSC unanimously

accepted scoring results of the six finalists. The six consultants include: The Hay Group, Milliman, Deloitte, Segal, Bolton Partners, and Pension Trustee Advisors/KMS Actuaries. Although each of the six firms were invited to make presentations at the Nov. 16 ORSC meeting, only three (The Hay Group, Pension Trustee Advisors/KMS Actuaries, and Segal) participated. After the presentations, the council chose Pension Trustee Advisors/KMS.

Change is still to come. As we move into 2012, we will continue to offer our members and retirees several ways to follow the pension redesign legislative process:

- Frequent updates in the Special Coverage section of www.opers.org
- Semi-weekly posts to our *PERSpective* blog, which you can read at <http://perspective.opers.org>
- Information posted on our Facebook page: www.facebook.com/ohiopers
- Messages via Twitter: <http://twitter.com/ohiopers>

We encourage you to interact with us on all of our social media sites, and to update your e-mail via the "Access Your Account" link on the OPERS website so you can receive e-mails containing the latest information.

inside this issue

2012 Benefit Payment Dates	2
Legislative update	2
Carraher named Executive Director	3
Great ways to stay connected	4
OPERS introduces new education format in 2012	5
OPERS Health Care 2012 - Medicare plan participants	6
OPERS Health Care 2012 - Non-Medicare plan participants	8

Legislative update

OPERS NEWS – Your Benefit Connection

is a quarterly newsletter providing news and information to more than 160,000 age and service retirees, disability benefit recipients and survivor benefit recipients of the Ohio Public Employees Retirement System. This publication allows us to communicate vital information concerning retirement benefits and health care coverage to our retirees and also educate them on the services we provide.

CONTACT INFORMATION:

www.opers.org

1-800-222-7377

Monday - Friday

8 a.m. to 4:30 p.m.

newsfeedback@opers.org

House Bill 323

If enacted, this bill would add the felony offenses of extortion and perjury to the list of crimes that may cause forfeiture of a future retirement or disability benefit or terminate an existing disability benefit if the crime was committed by a public retirement system member or alternative retirement plan participant while serving in a "position of honor, trust or profit". It also specifies, with regard to the additional offenses, that the bill applies only to offenses committed on or after its effective date. Finally, the proposal clarifies that existing law and the bill apply to retirees contributing to a public retirement system due to re-employment by a public employer.

House Bill 202

HB 202 would limit the retirement benefit of a re-employed retiree of a public retirement system and eliminate the deferred retirement option plan (DROP) in the Ohio Police and Fire Pension Fund and State Highway Patrol Retirement System. It was introduced some time ago and assigned to the House Health and Aging Committee; however, it has yet to receive a hearing. The main point of this legislative proposal is that it imposes an offset of retiree's benefits if his or her earnings exceed \$14,160 per year.

2012 benefit payment schedule

Pension benefit payments will be issued on the first business day of the month. If that day falls on a weekend or holiday, payments will be issued on the last business day of the previous month (except January when, for tax purposes, the payment must be issued on the first business day of the month).

 *Clip & Save* 

2012
January 3, 2012
February 1
March 1
March 30
May 1
June 1
June 29
August 1
August 31
October 1
November 1
November 30
January 2, 2013

It is your responsibility to be certain that OPERS has your current address on file. If OPERS is not made aware of address changes, we cannot guarantee that you will receive important information pertaining to your OPERS account.

This newsletter is written in plain language for use by members of the Ohio Public Employees Retirement System. It is not intended as a substitute for the federal or state law, namely the Ohio Revised Code, the Ohio Administrative Code, or the Internal Revenue Code, nor will its interpretation prevail should a conflict arise between it and the Ohio Revised Code, Ohio Administrative Code, or Internal Revenue Code. Rules governing the retirement system are subject to change periodically either by statute of the Ohio General Assembly, regulation of the Ohio Public Employees Retirement Board, or regulation of the Internal Revenue Code. If you have questions about this material, please contact our office or seek legal advice from your attorney.

OPERS Board of trustees names Carraher Executive Director

The OPERS Board of Trustees named Karen Carraher executive director during their August board meeting. The appointment took effect Aug. 18, 2011.

Following the departure of former OPERS executive director Chris DeRose, Carraher officially began Feb. 28 as interim director of OPERS. Previously she served as OPERS' director of finance.



Karen Carraher

Carraher plans to continue the OPERS mission of delivering retirement security to our members and retirees. "For more than 75 years, OPERS has delivered on its promise of retirement security for its members," Carraher said. "I will work hard to make sure that commitment continues."

Carraher joined OPERS in December 2002 after serving as the director of business services for the Ohio Education Association. She also was controller for both Mount Carmel Health and Riverside Methodist Hospitals after beginning her career as an audit manager with the accounting firm Ernst & Young.

Carraher earned her Bachelor of Science degree in business administration from The Ohio State University and her Master's degree in business administration from Capital University.

As a certified public accountant, Carraher is uniquely qualified to guide OPERS through several expected changes in upcoming months. They include statewide pension legislation, the demographic impact of the baby boomer generation, and the rising costs of health care.

The Board of Trustees is confident Carraher will provide the necessary leadership to move the organization forward and will be a strong advocate for the plan design changes pending before the legislature.

Your voice can have an impact!

OPERS will continue to advocate for meaningful and reasonable pension redesign legislation....*and so can you!*

Use these facts to arm yourself with knowledge about OPERS and the positive economic impact it has on the state of Ohio. As an OPERS retiree, you can be an advocate for OPERS and help facilitate reasonable pension legislation changes.

- OPERS serves more than 365,000 members, 172,000 retirees, and 3,700 employers.
- Public employee pensions are fairly modest. The average annual benefit for an OPERS retiree is \$22,078, or only \$1,840 a month.
- The average OPERS member makes \$35,848 a year.
- OPERS is the largest public pension fund in Ohio and the 11th largest public pension fund in the U.S.
- For every \$1 of taxpayer contribution, OPERS returns \$3.06 to Ohio's economy.
- In 2010 OPERS paid \$5.5 billion in pension and health care benefits to retirees.
- Over the past 30 years, OPERS' average annual investment return is 8.99 percent.

For the latest information on pension redesign legislation, visit the Special Coverage section of opers.org.

✂ Clip & Save ✂

Great ways to stay connected

PERSpective - *PERSpective*

is a blog we have created to share our thoughts on important pension-related issues. As we share our perspective with you, we hope you will share your thoughts and feedback with us.

Subscribe to *PERSpective* by clicking on the RSS feed logo on www.opers.org, or read it regularly at <http://perspective.opers.org>.



Facebook and Twitter -

Nearly 4,000 members and retirees “Like” our Facebook page, which uses the name “Ohio PERS.” We also utilize a Twitter account under the name “ohiopers.” Facebook and Twitter messages are used in tandem with *PERSpective* as a way to keep people informed of news, events and items of interest.

We encourage you to follow us on Twitter by searching @ohiopers and to “Like” us on Facebook in order to receive updates from OPERS within your newsfeed.



eNewsNow - *eNewsNow* is our mass e-mail system that allows us to provide members and retirees with timely information more quickly and efficiently than ever before. If you have not received *eNewsNow* messages throughout 2011, you are either not registered for online account access, or your current e-mail address is not on file with OPERS. To begin receiving these important e-mail alerts, register for or log in to your online account and update your contact information.

Your OPERS account - On YOUR time!

OPERS provides 24/7 online account access

There is no need to wait until our phone lines are open or a representative is available to access your personal account information. You can do so securely from the comfort of your home, any time you like.

After registering for online account access, retirees can:

- view monthly payment information including withholdings, deductions, etc.
- print a statement verifying current monthly benefit
- view and print 1099s
- view beneficiaries
- perform health care coverage cost estimates

Registration is easy

1. Log on to www.opers.org
2. Click on the “Register for account” link in the Access Your Account section (top, right corner of the home page). You will need your Social Security number and an active e-mail account.

NEW in 2012 - View your 2011 Form 1099-R before receiving it in the mail

For a number of years, retirees registered for online account access have had the ability to view and print their IRS Form 1099-R after it was mailed. Beginning in 2012, OPERS will post the forms to our online account system as they are being mailed, affording some retirees the ability to view and print their tax information sooner than ever before.

No Internet access at home? Try your local library!

Not having a home computer doesn't mean you can't take advantage of online services from OPERS and many other organizations. Most, if not all, public libraries offer Internet access to patrons at no charge.

Library personnel can help you to establish a free e-mail account through services such as Google mail or Yahoo mail. Many libraries offer basic computer training - some even offer classes designed specifically for seniors. Check out the offerings at your local library and be online in no time.

OPERS introduces new education format in 2012

A new format for OPERS education

At OPERS, “education” has traditionally been synonymous with in-person seminars, but with so many of our members and retirees turning to the web for instant information, that is no longer the case. In order to provide you with more customized education, OPERS has developed a new format that will offer education tailored to your specific stage in your life and career. Based on retiree demand and demographics, the new education plan takes into consideration key stages, or decision points, within a person’s life and career when they will most benefit from education.

The new format for OPERS education utilizes multiple delivery methods including:

- **Web** – webinars, videos, self-service options, e-mail news bulletins, *PERSpective* blog, Facebook, and Twitter
- **Print** – newsletters, brochures, handbooks
- **In-Person** – education fairs and counseling
- **Phone** – 1-800 line, phone counseling

Education fairs

A fairly new concept being introduced by OPERS is the education fair. Successful during open enrollment periods in previous years, the education fair format provides more flexibility than a traditional seminar. Education fairs will be customized by audience segment and will include:

- Two or three, 45-minute presentations on topics relevant to the audience
- Access to vendors to ask questions
- Access to OPERS representatives to ask general questions
- An available PC to register attendees for online account access

For example, at an education fair for retirees, the 45-minute presentations could include:

- Health care
- Pending legislative changes
- Hot topics

The education fair concept will allow us to provide you with a more customized educational experience than ever before.

Participants will attend the presentations applicable to their situation and have the opportunity to ask questions of representatives from OPERS and vendors such as Humana. OPERS education staff will conduct multiple fairs addressing different customer segments per visit to a particular city or region.

New hours of operation

In addition to taking advantage of new online educational opportunities and education fairs, you can continue to contact OPERS by phone or schedule a one-on-one appointment with a counselor.

To allow OPERS to better serve you by maximizing our staff, we will change the hours of operation for our call center and lobby (with a scheduled appointment) to a standard 8 a.m. to 4:30 p.m. (Mon. - Fri.) effective Jan. 3, 2012.

All of these changes to OPERS member services were made with one goal in mind – to provide the highest quality of customer service while offering modern, flexible and convenient education options.

Retiree education fairs - First quarter 2012

Registration is required to secure your spot at one of our new education fairs. You can register online at www.opers.org (you must be registered and signed in to your individual account) or by calling 1-800-222-7377. Below are the fairs currently scheduled for the first quarter of 2012. However, new dates and locations will be added. The OPERS website will always feature the most current schedule.

Columbus Jan. 11	West Chester Feb. 8	Perrysburg March 7
Strongsville Jan. 25	Boardman Feb. 22	Independence March 28

Medicare-eligible health care plan participants

What you need to know for 2012

2012 Express Scripts Deductible and Co-Insurance for OPERS Medicare D Plan participants

Formulary and non-formulary brand name prescription medications (retail and mail) will be subject to an annual \$50 deductible in 2012. This means participants in the OPERS Medicare Part D Plan will pay the first \$50 associated with brand name prescription costs. After the deductible is met, a new co-insurance structure will apply. To help participants make this transition with minimal confusion, we have provided an example below.

Joe is an OPERS retiree participating in the OPERS Medicare Part D Plan. Joe's doctor prescribes a **formulary brand medication** to help lower his cholesterol. **A 25 percent retail co-insurance with a \$20 minimum and \$30 maximum applies to this medication.**

In 2011, Joe paid \$20 at his local, retail pharmacy for a 30-day supply. The explanation below illustrates what Joe will pay for his first 30-day supply at a retail pharmacy in 2012.

Actual cost of the brand medication:	\$90.00
Annual brand deductible:	\$50.00 (paid by participant)
Balance after deductible:	\$40.00
25% co-insurance (25% of \$40 equals \$10, so \$20 minimum applies)	\$20.00 (paid by participant)

Total retiree out-of-pocket for first fill of brand medication in 2012: **\$70.00** (paid by participant)

After the annual deductible is met, Joe will pay the 25 percent co-insurance for his brand medication for the remainder of the 2012 calendar year.

Actual cost of the brand medication:	\$90.00
25% co-insurance	\$22.50 (paid by participant)

Joe could save money on his prescriptions by asking his doctor to prescribe a generic alternative. Generic medications are not subject to the annual deductible.

Please contact Express Scripts at 1-866-727-5873 with questions about your prescription co-pays and co-insurance in 2012.

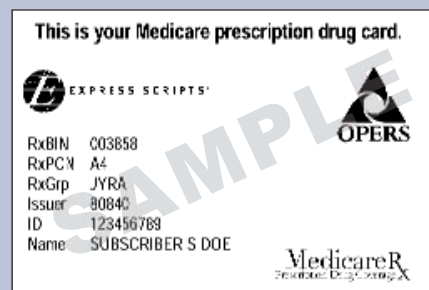
ID cards and online access for Medicare-eligible participants

By mid-December, Express Scripts will mail new ID cards to all Medicare-eligible retirees and spouses participating in the OPERS Medicare Part D Prescription Plan in 2012 (example below).

Please use your new ID card when filling prescriptions at a retail pharmacy.

Also, each covered family member will need to have their own individual sign-on and password to access their prescription information on the Express Scripts website, www.express-scripts.com.

All participants in the Humana Medicare Advantage Plan will also receive new ID cards in December (example below).



Medicare-eligible health care plan participants

What you need to know for 2012

Express Scripts offers Medication Therapy Management to qualifying Medicare-eligible participants

The Medication Therapy Management program (MTM) is a service offered by Express Scripts to participants in the OPERS Medicare Part D Prescription Plan. To be eligible for the program you must meet certain criteria, including:

- have multiple medical conditions
- take multiple prescriptions, and
- spend at least a certain amount of money on prescription drugs each year.

If you meet these criteria, you will be eligible to participate and automatically be enrolled in the program. Upon enrollment, you will be contacted by mail with an introduction letter and appointment card.

Participation in the program is not mandatory. If you would like to opt out of the program you may do so by mailing in the appointment card enclosed with the introduction letter or calling the toll-free number listed on the letter or provided below.

Also included in the mailing is a Medication Action Plan which offers valuable tips on taking medications and questions to ask your doctor when starting a new medication. A Personal Medication Record, a list of the medications Express Scripts has on file for you, is also included.

One of the benefits of the MTM program is a Comprehensive Medication Review (CMR). This review involves participating in a 30-45 minute consultation with a pharmacist or licensed pharmacy intern. During this consultation, the MTM program pharmacist will:

- Review your medication list as well as record any over-the-counter or herbal medications you take
- Ask you specific questions about your health conditions and give you valuable information about managing your conditions
- Answer all of your questions

This is a private consultation which is completed over the phone, at your convenience. To participate in this consultation you can return the appointment card or call the toll-free number listed in the letter to make an appointment. After the appointment you will be mailed a follow up letter, which provides an updated medication list and an action plan based on your consultation. Throughout the year, the MTM staff will review your prescription claims and identify any potential issues. You may receive a call or letter about any issues that are discovered.

This is a very valuable program which can help you better understand your medications and medical conditions as well as identify any potential issues in your prescription profile. OPERS highly recommends that you take advantage of this service.

Remember, if you are eligible for the program, you will be automatically enrolled and the MTM staff will send you a letter. If you have received the information about the program and would like to schedule a consultation, you may call the Medication Management Center at 1-866-218-6646 Monday through Friday 10 a.m. to 8 p.m. EST.

2012 Medicare B Reimbursement

The OPERS Board of Trustees voted in October to cap the 2012 Medicare B reimbursement amount at \$96.40 beginning Jan. 1, 2012. You may pay more than the reimbursement amount allows.

The standard premium for Medicare B as set by the Social Security Administration will be \$99.90 for 2012. Contact the Social Security Administration (SSA) at 1-800-772-1213 with questions regarding your Medicare Part B premium.

If your monthly Medicare Part B premium is less than the reimbursement amount set by the board, OPERS will only reimburse up to the amount paid for coverage.

Non-Medicare health care plan participants

What you need to know for 2012

New features apply to the Intermediate Plan for 2012

The Intermediate Plan administered by Medical Mutual will offer additional features in 2012. The new features are designed to support participants' efforts to improve their health and quality of life and also help OPERS to preserve health care funding by reducing future preventable costs.

The features listed below apply only to the Intermediate Plan in 2012. Participants in the Intermediate Plan will receive a packet of information regarding these new features in January.

New Intermediate Plan design features include:

Medical:

- Medical nutritional counseling for a variety of health conditions
- Certain chronic disease self-management programs and resources
- Education regarding end-of-life planning

For questions regarding the Medical Mutual PPO Plan, please call Medical Mutual at 1-877-520-6728 or visit www.medmutual.com.

Pharmacy:

- Introduction of a *preferred* retail pharmacy network
- Zero dollar copays for generic medications used to treat common chronic conditions such as Congestive Heart Failure (CHF) and Coronary Artery Disease (CAD) filled at a preferred retail pharmacy or Express Scripts home delivery pharmacy.

For questions regarding the Express Scripts prescription drug plan for Non-Medicare eligible retirees, please call Express Scripts at 1-866-727-5873 or visit www.express-scripts.com.

New ID cards and online account access in 2012

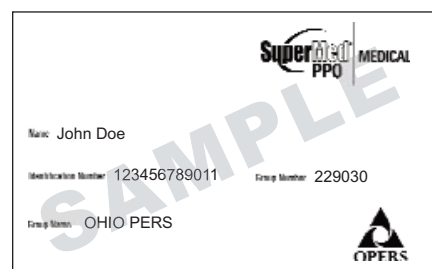
All OPERS health care plan participants enrolled in the Medical Mutual PPO plan will receive new ID cards for 2012. Regardless of age, participants will receive their own ID card for 2012. Cards will be mailed by Medical Mutual to participants in December.

All participants (retirees and family members) enrolled in the Medical Mutual plan will need an individual sign-on and password to log in to "My Health Plan" and access their individual claims information on the Medical Mutual website, www.medmutual.com. However,

claims information from years prior to 2012 will be stored on the retiree's account history.

Express Scripts will also be sending new 2012 ID cards to all participants. Please use this card when filling prescriptions at a retail pharmacy.

In addition, each covered family member will need to have their own individual sign-on and password to access their prescription information on the Express Scripts website, www.express-scripts.com.



All OPERS health care plan participants

What you need to know for 2012

2012 vaccine coverage under the OPERS health care plan

Medicare Plan Participants



VACCINE	PHARMACY COVERAGE (Administered by Express Scripts)	MEDICAL COVERAGE (Administered by Humana)
Flu or Pneumonia	Vaccine is covered at 100% (including administration fee).	Vaccine is covered at 100% (including administration fee).
Shingles	Vaccine is covered at 100% (including administration fee).	No coverage of vaccine vial or administration fee.

Non-Medicare Plan Participants



VACCINE	PHARMACY COVERAGE (Administered by Express Scripts)	MEDICAL COVERAGE (Administered by Medical Mutual)
Flu or Pneumonia	Vaccine is covered at 100% (including administration fee).	Vaccine is covered at 100% (including administration fee).
Shingles	60 years of age or older, vaccine is covered at 100% (including administration fee). Less than 60 years of age, vaccine is not covered.	60 years of age or older, vaccine is covered at 100% (including administration fee). Less than 60 years of age, vaccine is not covered.

Express Scripts offers retail vaccination program

Vaccinations are an important part of maintaining your health as a retiree. In an effort to broaden the reach of flu and other disease vaccinations, Express Scripts has developed a retail pharmacy vaccination program. Through this program, vaccines may be provided at a retail pharmacy.

Benefits of the Express Scripts retail vaccination program include:

- Flexibility, no office appointments needed, convenient extended hours, more locations
- National network of contracted retail pharmacies
- Global access to vaccines

There are two ways to locate a participating pharmacy:

1. Sign in at www.express-scripts.com and click the Find a Pharmacy that Offers Vaccines link for a list of vaccine providers.
2. Call the number on the back of your Express Scripts member ID card to find a participating pharmacy near you.

Was your health care claim paid incorrectly?

If you think a health care claim was processed incorrectly, you have options.

Call customer service at Humana or Medical Mutual first to learn if your claim was for a covered service and if your provider may have provided incorrect information when submitting the claim. Ask the customer service representative what the “allowed amount” is for the service you received. An “allowed amount” is the dollar amount your plan administrator “allows” a contracted doctor or hospital to charge you for covered services.

If speaking with your medical plan administrator’s customer service department does not alleviate your concern, you have the right to appeal your plan administrator’s claim decision. You may file an internal appeal by contacting customer service.

Once you have exhausted your internal appeal rights, you may have the right to an independent external review. The written response to your internal appeal will provide additional instructions for requesting the external review.

Some commonly-prescribed brand-name drugs will soon have a generic equivalent

A number of commonly-prescribed, brand-name medications will lose their patent protection over the next year. This will allow drug manufacturers to offer lower-cost, generic versions of these medications. The use of generics saves health care dollars for both OPERS and health care plan participants.

Express Scripts will automatically substitute a generic version of a medication when one becomes available, unless the participant's provider has indicated "dispense as written". Participants do not need to obtain a new prescription from their doctor.

Common medications scheduled for generic release next year include:

- Actos, diabetes, Aug. 2012
- Avandia, diabetes, March 2012
- Avapro, high blood pressure, March 2012
- Detrol LA, overactive bladder, Sept. 2012
- Diovan, high blood pressure, Sept. 2012
- Lexapro, symptoms of depression, March 2012
- Lipitor, high cholesterol drug, Nov. 2011
- Plavix, blood clot prevention, May 2012
- Provigil, sleep problems, April 2012
- Singulair, asthma, Aug. 2012
- Zyprexa, symptoms of schizophrenia, Oct. 2011

- Data subject to change

Becoming Medicare-eligible in 2012?

What you need to know

When an OPERS health care plan participant (retiree or spouse) turns age 65, they become eligible for Medicare coverage. OPERS requires that all eligible participants enroll in Medicare Part A (hospitalization), if eligible without a premium, and Medicare Part B (medical). If you (or your spouse) are turning 65 in the next few months and have not already received information from Social Security about Medicare status, please contact Social Security to apply. Remember, Medicare eligible retirees and their covered spouses must enroll in Medicare B when first eligible. Failure to enroll or pay Medicare B premiums will cost you more out of pocket.

For 2012, OPERS will base coverage on individual Medicare status, instead of a family status. It is now possible for members of the same family to be covered by different medical plan administrators. The following will help explain how your coverage may change

when a participant attains Medicare eligibility.

A single retiree with no dependents enrolled - will be placed in the Humana Medicare Advantage Plan.

A family with all enrolled members having attained Medicare-eligibility - all family members will all be placed in the Humana Medicare Advantage Plan.

A family with both Medicare-eligible and non-Medicare members - Medicare-eligible members will be placed in the Humana Medicare Advantage Plan. Non-Medicare family members will be enrolled in the Medical Mutual Enhanced Plan.

Exception: If the family is enrolled in the Medical Mutual Intermediate or Basic Plan the year a family member turns age 65, the family can choose to remain enrolled in their existing plan level. The family member turning 65 must still enroll in Medicare and provide proof of enrollment to OPERS.

Now Available online or in print - OPERS Guide to RMA and Wellness Incentives

OPERS has created a new publication to assist participants in understanding the different wellness programs offered and how to earn and redeem Retiree Medical Account (RMA) incentives. You can access this publication on the OPERS website, www.opers.org, or by contacting us to request a printed copy.



Important Notice about Walgreens Pharmacy and Express Scripts

Act now to transfer your prescriptions

Walgreens has publicly announced it will stop participating as a provider in the Express Scripts pharmacy network effective Jan. 1, 2012. Express Scripts will continue to ensure you have convenient access to the care you need.

On average, there is another network pharmacy within one-half mile of a Walgreens pharmacy, ready and eager to help you with all your prescription needs. You can move your prescriptions to one of these pharmacies in your neighborhood now and avoid having to change pharmacies later.

Transfer your prescriptions to your new pharmacy or begin using the cost-effective home delivery method of filling maintenance medications by doing one of the following:

1. Take your prescription bottle to your new pharmacy; they will contact your old pharmacy to transfer your prescription.
2. Call your new pharmacy and ask them to contact your old pharmacy.
3. Ask your doctor to call your new pharmacy with your prescription information.
4. Visit www.StartHomeDelivery.com to begin receiving up to a 90-day supply of your maintenance medications at home.

You can also find a complete list of local participating pharmacies by signing in to www.express-scripts.com and clicking on "Find a Pharmacy."

If you have any questions regarding this change to the Express Scripts network, please visit express-scripts.com or call 1-866-727-5873.

Ohio PERS Board of Trustees

The 11-member Ohio PERS Board of Trustees is responsible for the administration and management of Ohio PERS. Seven of the 11 members are elected by the groups that they represent (i.e., college and university non-teaching employees, state, county, municipal, miscellaneous employees, and retired members); the Director of the Department of Administrative Services for the state of Ohio is a statutory member, and three members are investment experts appointed by the Governor, the Treasurer of State, and jointly by the Speaker of the Ohio House of Representatives and the President of the Ohio Senate.

Elected Board Members

Sharon M. Downs
Retired Members

John W. Maurer
Retired Members

Kimberly Russell
State College and University Employees

Matthew Schulz
State Employees

Cynthia Sledz
Vice Chair
Miscellaneous Employees

Ken Thomas
Chair
Municipal Employees

Helen Youngblood
County Employees

Statutory Board Member

Robert Blair
Director, Department of Administrative Services

Appointed Board Members

Lennie Wyatt
Investment Expert
Governor Appointee

Charlie Adkins
Investment Expert
Treasurer of State
Appointee

James R. Tilling
Investment Expert
General Assembly
Appointee

Karen Carraher
Executive Director



Ohio Public Employees
Retirement System

277 East Town Street Columbus, OH 43215-4642

Ohio PERS

NEWS

YOUR BENEFIT CONNECTION

PRSR STD
US POSTAGE
PAID
COLUMBUS OH
PERMIT NO 177

 Printed in Ohio on paper with a 10% post-consumer content

Reminder for disability benefit recipients

Your OPERS disability benefit will terminate if you are no longer disabled, return to public service, choose to begin receiving an age and service retirement benefit, upon your death, or at your request. Please understand that “returning to public service” includes not only becoming employed but also returning as an independent contractor, in an exempt position or even as a volunteer without pay to a public employer. All of these actions will terminate a disability benefit. Undertaking employment with a private sector employer may affect your

continuing receipt of a disability benefit as well.

If you intend to participate in any form of employment, it is important that you notify OPERS in advance so that we can provide an official determination regarding your intent to seek employment. Please complete and submit a *Request for Review of Employment from a Disability Benefit Recipient* and include a job description for the position you wish to undertake. This form is available on our website or by calling 1-800-222-7377.

2011 Benefit Recipient Tax Guide

OPERS will not be sending a paper copy of the Benefit Recipient Tax Guide with your Form 1099R for the year 2011. The publication will still be available to view and print on the OPERS website, www.opers.org. Or, you can contact OPERS to request a paper copy by mail on or after Jan. 16, 2012.



Would you like to access your OPERS account online?

WHY WAIT? REGISTER TODAY! Scanning this code with any smart phone barcode reader will take you directly to our account access registration page.